



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 10/26/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Triple Phase Bone Scan - 78306

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board certified in Physical Medicine and Rehabilitation

Board certified in Pain Medicine - American Board of Anesthesiology Examination

Board certified in Sports Medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Triple Phase Bone Scan – 78306 - Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was working in xxxx when it came on and xxxxxx. His xxxxxx were traumatically amputated at the distal aspects. He has pain and dysfunction of the left hand, with additional pain in the upper extremity, including neck, left shoulder, and arm.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Yes. The triple phase bone scan, as documented in the medical record, is medically reasonable and necessary. ODG recommends for select patients to help in confirmation of the diagnosis. The documentation clearly indicates signs and symptoms compatible with complex regional pain syndrome of the injured extremity, with radiating pain complaints of the upper extremity. A triple phase bone scan at this time would appear to be medically reasonable and necessary to provide a more definitive diagnosis of CRPS in anticipation of appropriate treatment.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**